

**Minutes from the Dental Advisory Committee meeting
August 1, 2003 at DMAS**

Committee Members Present:

Dr. Fred Hamer
Dr. Frank Farrington
Dr. Lynn Browder (for Dr. Day)
Dr. Terry Dickinson
Dr. Thomas Spillers
Dr. Carl Atkins
Dr. Steve Riggs
Pat Finnerty
Nicole Pugar
Woody Hanes
Chuck Duvall
Bryan Tomlinson
Jim Cohen
Sally Rice

Guests:

Dr. Bruce DeGinder
Linda Bohanon

Mr. Cohen handed out copies of the dental directory that was created in May 2003. The directory was sent to local DSS agencies and participating Medicaid providers in June. This directory will be updated quarterly. Dr. Spillers would like future reports to be sorted by specialty.

In response to concerns that DMAS only accepts the 1994 version of the ADA claim form, Mr. Cohen announced that plans are actively in place to have DMAS accept the 2000 and 2002 versions of the claim form (in addition to the 1994 version) by sometime next year.

Mr. Cohen handed out copies of a letter that was sent to all participating dental providers in May regarding how to handle broken appointments and no-shows. To date, we have had no calls or emails from providers requesting assistance with no-shows or frequent cancellations.

Dr. Farrington asked if anything was being done by DMAS in regards to case management. Mr. Cohen responded that on the fee-for-service side, nothing is being done. We are not sure what the HMOs are doing. The committee recommended that DMAS provide case management on the fee-for-service side. It was suggested that this could possibly be done by using claims data to check for the last date of service that the patient was seen and also determine what service was provided. If there are no claims for a recipient, it was suggested that DMAS contact them to remind them how important dental visits are. DMAS could also provide some sort of written notification and follow-up with a phone call. If it's found that transportation to appointments is a problem,

DMAS could work with the transportation contractor to assist with this. At the next meeting, DMAS will provide information about what the HMOs are doing in regards to case management.

Dr. Farrington asked if any information is given to recipients specific to dental services when they first enroll for Medicaid. Mr. Cohen responded that at present time, nothing is provided. It was suggested that brochures, literature, etc. be developed and given to social service agencies to handout at the time of enrollment.

Dr. Browder asked if DMAS made any effort to provide information to recipients in languages other than English. Mr. Cohen stated that DMAS only provides information in English; however, the MCOs do provide recipient information in languages other than English.

Dr. Browder asked if DMAS might be interested in collaborating with the Health Dept. in applying for a grant to provide education to recipients. DMAS will find out more about the grant and what is needed but the recommendation from the committee was that it would be a good idea.

Mr. Cohen gave an update on the new Medicaid Management Information System (MMIS). Basically, providers have experienced some problems – providers are used to a 30 year old system with few edits and they now face a HIPAA compliant system with a multitude of explicit edits. There were also problems encountered by deciphering which claim form to use and when “D” codes are to be used. DMAS is working diligently with providers to resolve the issues.

Dr. Farrington asked how capitation rates are set for the HMOs. Do MCOs provide services based on what they are paid? Dr. Farrington stated that there is no incentive for MCOs to provide services and no push for recipients to receive services from a business standpoint. Mr. Tomlinson replied that there are incentives; otherwise they lose the business to another company.

Mr. Tomlinson stated that there is currently a sole source procurement going out within the next 30 days that will involve a study to develop a new system for encounter data. This new method would give valid claims data for both medical and dental.

Mr. Duvall wanted to know how the per member per month capitation amount is calculated. Mr. Finnerty stated that it's based on an actual analysis of historical claims data. The payment varies per month depending on the number of members enrolled in the HMO.

Dr. Atkins stated that he is frustrated that DMAS appears to hold providers to a much stricter standard than they hold the HMOs. The HMOs all have the same contract with DMAS but they are free to outsource dental to Doral and we appear to provide no oversight when it comes to the outsourced contracts.

Dr. Farrington stated that there used to be a report produced by DMAS that stated the number of services provided by a dentist and what those services were. Mr. Cohen stated that while this report may not still be available, Surveillance Utilization Review System (SURS) should be able to provide this information for both fee-for-service and the HMOs since encounter data is on our system.

Mr. Finnerty stated that DMAS is currently looking at whether to continue to have dental services under managed care or to carve them out. Mr. Finnerty will be making his recommendation to the Secretary of Health and Human Resources soon. He suggested we have another meeting before the end of the year and that if the recommendation is made to affect a major change, DMAS will ask for and need the support of the Virginia Dental Association (VDA) and the committee. The bottom line is how can we get the most services to the most children.

Dr. Atkins posed the following question to Mr. Finnerty: Are dental providers more dissatisfied with MCOs than physicians or are they just more vocal? Mr. Finnerty stated that since managed care has been around for physicians for a lot longer, they have probably gotten used to it while it's newer for dentists so at this point in time, yes, they are more vocal.

Dr. Hamer stated that some Take 5 oral surgeons are withdrawing from the Take 5 Initiative because they are upset with Doral and are confusing fee-for-service issues with managed care issues. The oral surgeons participate in an out-of-network program with Doral. Dr. Hamer provided some examples of discrepancies between what Doral is telling our managed care staff in response to questions he raised and what Doral is telling him and other dentists. He also provided some specific examples of children who are unable to obtain much needed oral surgery and periodontal care because of network problems or because the children will no longer be eligible when treatment can be provided. Mr. Finnerty asked that he leave the names of dentists and recipients encountering this problem and that DMAS would have someone contact the providers personally. Dr. Riggs stated that in one case, he had already spoken with the office manager and that the non-payment problems were either related to claims forms issues or transitional issues from the old to the new system.

Nicole Pugar provided an update on the Take 5 Initiative. There are a total of 89 providers enrolled now with 18 new dentists enrolling in the last 3 months. However, due to some issues, interest is diminishing. Examples of complaints/issues include: plastic cards where providers can't tell if the recipient is in an HMO or in fee-for-service and new system claims processing problems.

Mr. Cohen announced that DMAS would soon be scheduling statewide training for dentists and their office staff. Training will include eligibility, filing claims, reading RAs, etc. It's expected to be scheduled within the next 2-3 months.

Mr. Cohen announced that DMAS has been asked to participate in a statewide Dental Summit that is being coordinated by the Health Dept. under Dr. Karen Day. It will be held in Richmond the end of September.

Mr. Cohen handed out an orthodontic clarification letter that was mailed to providers by Doral. The letter clarifies how monthly claims should be billed reflecting either the actual date of service encountered during a month or the first day of the month for which the office is requesting reimbursement (if the patient was not seen during the month being billed for). Dr. Spillers stated that requiring orthodontists to bill monthly was an outdated practice that was stopped long ago by most insurance companies.

At the conclusion of the meeting, it was decided that the committee needs to have a meeting in the fall, preferably after the draft of the dental report is developed, but too many members have to leave early so the meeting date will be decided later.